

MCRC FROST CALL 030-01 DATED 17 AUGUST 2001

From: Commanding General, Marine Corps Recruiting Command

Subj: ADDITIONAL CODING REQUIRED ON THE RECORD OF MILITARY
PROCESSING - ARMED FORCES OF THE UNITED STATES
DD FORM 1966/1, JAN 2001

Encl: (1) DD 1966/1, Record of Military Processing - Armed
Forces of the United States

1. Purpose. To notify all levels within the Marine Corps Recruiting Command, guidance for additional documentation required on the Record of Military Processing - Armed Forces of the United States, DD Form 1966/1.

2. Background. The implementation of the Marine Corps Recruiting Information System-Recruiting Station (MCRISS-RS) will terminate the use of the Automated Recruiting Management System (ARMS) by MCRC personnel. In ARMS, the Term of Enlistment (TOE), and the Color Vision are entered and migrate to Marine Corps Total Force System (MCTFS). MCRISS receives all processing, contracting and shipping data from MEPCOM Integrated Resource System (MIRS). The data for TOE and Color Vision are not pushed to MCRISS-RS from MIRS.

3. Information. The information required for MCRISS-RS and MCTFS can be coded on the Record of Military Processing-Armed Forces of the United States, DD Form 1966/1. Block 19 contains the Service Required Codes. Coding of the TOE, and Color Vision will be as follows:

a. Term of Enlistment (TOE): **Block 19, Sub-block 55**
Enter: 3,4,5, or 6

b. Color Vision: **Block 19, Sub-block 57**
Enter applicable Color Vision Code:
0 = 20/20 No Glasses
1 = 20/30 Correctable to 20/20
2 = 20/50 Correctable to 20/20
3 = Any Correctable to 20/20
4 = Any other NOT COLOR BLIND
5 = COLOR BLIND W/20/20 No Glasses
6 = COLOR BLIND W/20/30 Corrected
7 = COLOR BLIND W/20/50 Corrected
8 = COLOR BLIND W/any correct 20/20
9 = COLOR BLIND W/Any other

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4. Action. **Effective upon receipt**, the above guidance will be documented in Block 19 Service Required Codes, Sub-Blocks 55 & 57 for all contracting at the MEPS, both regular and reserve. MEPCOM has been provided a Memorandum of Agreement (MOA) on this matter to facilitate the MCRISS-RS and MIRS interface.

5. Point of contact is MSgt J. M. Bailey, Operations Chief, MCRC G-3, at commercial (703) 784-9403 DSN 278-9403.



D. L. MCMANUS

By direction

Form Approved
OMB No. 0704-0173
Expires Sep 30, 2003

(Read Privacy Act Statement and Instructions on back before completing this form.)

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0173), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

1. USE ONLY IF NECESSARY	D. SELECTIVE SERVICE	E. SELECTIVE SERVICE
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PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.				
A. SERVICE PROCESSING FOR		B. PRIOR SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF DAYS:		C. (1) DIEUS (YYYYMMDD) (2) DIERC (YYYYMMDD)
				D. SELECTIVE SERVICE CLASSIFICATION
				E. SELECTIVE SERVICE REGISTRATION NO.

SECTION I - PERSONAL DATA

SECTION 1 PERSONAL DATA									
1. SOCIAL SECURITY NUMBER			2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)						
3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code)			4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code)						
5. CITIZENSHIP (X one)			6. SEX (X one)		7.a. RACIAL CATEGORY (X only one)		7.b. ETHNIC CATEGORY		
a. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) <input type="checkbox"/> (1) NATIVE BORN <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S) b. U.S. NATURALIZED c. U.S. NON-CITIZEN NATIONAL d. IMMIGRANT ALIEN (Specify) e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)			a. MALE b. FEMALE		(1) AMERICAN INDIAN/ ALASKA NATIVE (2) ASIAN/PACIFIC ISLANDER		(3) BLACK (4) WHITE (1) HISPANIC OR LATINO (2) NOT HISPANIC OR LATINO		
10. DATE OF BIRTH (YYYYMMDD)			11. RELIGIOUS PREFERENCE (Optional)		8. MARITAL STATUS (Specify)		9. NUMBER OF DEPENDENTS		
12. EDUCATION (Yrs/Highest Ed Gr Completed)			13. PROFICIENT IN FOREIGN LANGUAGE (If Yes, specify. If No, enter NONE.)		1st		2nd		
14. VALID DRIVER'S LICENSE (X one) (If Yes, list State, number, and expiration date)			YES <input type="checkbox"/> NO <input type="checkbox"/>		15. PLACE OF BIRTH (City, State and Country)				

SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES
(FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - Go on to Page 2, Question 20.)

16. APTITUDE TEST RESULTS										a. TEST ID										b. TEST SCORES										AFQT PERCENTILE										GS										AR										WK										PC										NO										CS										AS										MK										MC										EI										VE																																																																																																																																																															
17. DEP ENLISTMENT DATA										a. DATE OF DEP ENLISTMENT (YYYYMMDD)										b. PROJ ACTIVE DUTY DATE (YYYYMMDD)										c. ES										d. RECRUITER IDENTIFICATION										e. PROGRAM ENLISTED FOR																																																																																																																																																																																																																																																									
f. T-E MOS/AFS										g. WAIVER (1)										(2)										(3)										(4)										(5)										(6)										h. PAY GRADE																																																																																																																																																																																																																																					
18. ACCESSION DATA										a. ENLISTMENT DATE (YYYYMMDD)										b. ACTIVE DUTY SERVICE DATE (YYYYMMDD)										c. PAY ENTRY DATE (YYYYMMDD)										d. TOE																																																																																																																																																																																																																																																																			
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j. RECRUITER IDENTIFICATION										k. PROGRAM ENLISTED FOR										l. T-E MOS/AFS										m. PMOS/AFS										n. YOUTH										o. OA										p. TRANSFER TO (UIC)																																																																																																																																																																																																																																															
19. SERVICE REQUIRED CODES										1										2										3										4										5										6										7										8										9										10										11										12										13										14										15										16										17										18										19										20										21										22										23										24										25																																																	
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